

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARMONY OF MCFARLAND (0009003)

Address: 5206 PAULSON CRT, MCFARLAND, WI 53558

License Status: REGULAR

Licensed/Certified/Registered 11/01/2000

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096390 **End Date:** 02/10/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008337 Served 02/21/2006

Deficiencies Cited
83.32(1)(a)

Subject Area
ASSESSMENT AND ISP

Compliance
Verified

Corrected

Survey ID: 0094127 **End Date:** 01/12/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008107 Served 02/17/2005

Deficiencies Cited
83.32(1)(a)

Subject Area
ASSESSMENT AND ISP

Compliance
Verified

Corrected

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Survey ID: 0091830 End Date: 01/07/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007925 Served 01/21/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS		
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT		

Survey ID: 0091607 End Date: 12/01/2003 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091502 End Date: 10/28/2003 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007889 Served 11/12/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	01/07/2004	Yes
83.16(4)(a)	ABILITY TO PAY	01/07/2004	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.21(4)(r)	TREATMENT CHOICE	01/07/2004	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	01/07/2004	Yes

Survey ID: 0090721 End Date: 07/22/2003 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007825 Served 08/07/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(2)	MODIFIED OR SPECIAL DIETS	10/28/2003	Yes

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 02/21/2006 SOD #10008337 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.32(1)(b)

Date: 01/15/2004 SOD #10007925 Appealed: No

Sanctions

PROVIDE TRAINING
FORFEITURE---83.21(4)(o)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.33(2)(g)3

Date: 11/10/2003 SOD #10007889 Appealed: No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION
OTHER SANCTION
FORFEITURE---83.21(4)(p)
FORFEITURE---83.21(4)(r)
FORFEITURE---83.33(3)(e)5

Date: 08/05/2003 SOD #10007825 Appealed: No

Sanctions

OTHER SANCTION
FORFEITURE---83.35(2)

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 12/14/2005

Date Investigation Completed: 02/06/2006

Subject Area(s)

NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/28/2005

Date Investigation Completed: 02/13/2006

Subject Area(s)

ABUSE
MEDICATIONS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/25/2004

Date Investigation Completed: 01/19/2005

Subject Area(s)

STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 07/02/2003

Date Investigation Completed: 07/29/2003

Subject Area(s)

NUTRITION & FOOD SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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